

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032902

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 90

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 30 1963

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) FREDERICKTOWN		c. CITY OR TOWN FREDERICKTOWN	
Length of stay in 1b one day		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MADISON CO. MEMORIAL HOSP.		d. STREET ADDRESS (If outside, give location) RURAL ROUTE 2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) KEVIN GERARD MENTEER		4. DATE OF DEATH Month AUG. Day 25 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (City and state or country) FREDERICKTOWN, MO.	
13a. FATHER'S NAME DAVID M. MENTEER		13b. MOTHER'S MAIDEN NAME MARY O. HALE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT DAVID M. MENTEER, RURAL ROUT 2, FREDERICKTOWN, MO		14. NAME OF HUSBAND OR WIFE NONE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Refractory hypotension DUE TO (b) Traumatic rupture of liver DUE TO (c) Interval between ONSET and DEATH 11 hrs. 26 hrs.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour yes a.m. Aug. 24 p.m. 1963		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Abdomen was run over by an occupied horse cart.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from 8-24-63 to 8-25-63 and last saw him alive on 8-25-63		20f. CITY, TOWN, OR LOCATION Fredricktown	
Death occurred at 7 PM on the date stated above, and to the best of my knowledge, from the causes stated.		COUNTY Madison STATE Mo.	
22a. SIGNATURE George L. Watterman MD		22b. ADDRESS Farmington, Ind	
22c. DATE SIGNED 8-27-63		23a. BURIAL: CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 8-28-63		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
23d. LOCATION (City, town, or county) Madison County		23e. STATE Missouri	
24. FUNERAL DIRECTOR SAM NAJIM, JR., FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 8-28-1963	
26. REGISTRAR'S SIGNATURE Flarence Rickard			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 4 1963

1963
0880

0
0
0
0

-503
0-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert J. Lebaugh, Student Embalmer No. 703
working under my personal supervision.

Student Robert J. Lebaugh
Signature of Student Embalmer

Signed Sam Sajim, Jr
Licensed Embalmer No. 4299

P. O. Address Fredricksburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.